The purpose of this form is for governmental entities to declare the amounts they intend to IGT for use as the state share of DPP for BHS funding. The amount that is declared is non-binding; however, the declaration amount gives HHSC a valuable estimate of expected IGT amounts across the program. The non-federal share of all DPP-BHS payments is funded through IGTs from sponsoring governmental entities. Please send your completed IGT Commitment Form to HHSC by email to PFDAcuteCare@hhs.texas.gov no later than close of business on May 13, 2021.

Per Title 1 of the Texas Administrative Code (TAC) §353.1320(j)(2): CMHCs will determine the amount of IGT they wish to transfer to HHSC for the entire program period and provide a declaration of intent to HHSC 15 business days before the first half of the IGT amount is transferred to HHSC. (A) The declaration of intent is a form prescribed by HHSC that includes the total amount of IGT the sponsoring governmental entity wishes to transfer to HHSC. (B) The declaration of intent is certified to the best knowledge and belief of a person legally authorized to sign for the sponsoring governmental entity but does not bind the sponsoring governmental entity to transfer IGT.

Name of IGT Transferring Entity (CMHC)	
Operational Nature of the Transferring Entity Select "Other" if you are a hospital district or LPPF.	
County Name	
Does the Transferring Entity have General Taxing Authority?	
Is the Transferring Entity Eligible for Payment Under DPP-BHS?	
	 •
Certifier's Name	
Certifier's Title	
Certifier's Email	
Certifier's Phone	
I attest that I am a person legally authorized to sign for the transferring entity and that the information entered is correct to my best knowledge and belief. I also understand that the declaration of intent does not bind the governmental entity to transfer IGT.	

CMHC Name	CMHC TPI	CMHC NPI	(Transfer Occurs	Second Half Amounts (Transfer Occurs on December 1, 2021)
			J. Jane 11, 2021)	